



Iowa Department of Human Services

Iowa Medicaid Enterprise Behavioral Health Policies & Procedures

Provider Services
Iowa Medicaid Enterprise



Setting Expectations

This training session is specifically intended to educate providers on the IME and provide direction on billing for behavioral health and substance abuse services for January and February 2016.

This cannot used to interpret MCO billing on or after March 1, 2016



Discussion Topics:

Eligibility

Prior Authorization

Billing

Forms and Policies

Resources

Contact Information

Q/A



Iowa Department of Human Services

Member Eligibility



Medical Assistance Card

- Member receives or continues to use Medicaid ID card for dental or fee-for-service
- No specific eligibility month or program is indicated on the card
- Eligibility must be verified through Eligibility Verification System (ELVS) or the Web Portal





Retroactive Eligibility

- May receive a Notice of Decision (NOD) from Department of Human Services (DHS) granting retroactive eligibility
- The IME will honor a claim submitted within 365 days of the date of service, the same applies if the service was provided in a retro period
- The IME will honor claims beyond 365 days if it is because of retro eligibility and the NOD is attached
- The claim must be submitted within 365 days of the NOD date



Medically Needy (spenddown)

Medicaid program that helps individuals with medical bills if they have high medical bills that use up most or all of their income

May qualify for a spenddown

- Typically 2 month certification period
- Claims must be billed to the IME- IME does the accounting

Medical Assistance Cards



QMB/SLMB

- QMB (Qualified Medicare Beneficiary)
- QMB with Spenddown
- SLMB (Special Low Income Medicare Beneficiary)
- SLMB with Spenddown



Verifying Eligibility

ELVS

- Eligibility information available 24/7
- Eligibility information is not prospective

Providers can verify:

- Monthly eligibility
- Spenddown
- TPL insurance
- Managed Health Care information
- Other administrators (Delta Dental)
- Limited vision and dental history
- Current check amounts



Verifying Eligibility

Voice Eligibility Verification System (ELVS)

- Access ELVS at:
 - Time service is provided or requested
 - When a person presents a *Presumptive Eligibility* Notice of Action
 - Confirm member's remaining spenddown amount
- Call one of these phone numbers:
 - Des Moines area: 515-323-9639
 - Toll Free: 1-800-338-7752



Verifying Eligibility

EDISS Web Portal

- The Web Portal is an online eligibility verification system
- Login ID and password obtained through EDI
 - www.edissweb.com/docs/med/add-access-request-IME.pdf
- Multiple User Access available
- Web Portal link:

<https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>



Covered Benefits

- Benefits remain unchanged during the transition, including:
 - Iowa Family Planning Network
 - Iowa Health and Wellness Plan
- Services remain unchanged during the transition, including:
 - Non-Emergency Medical Transportation
 - Prescription coverage
 - Specialty care



Iowa Department of Human Services

Iowa Medicaid Behavioral Health and Substance Abuse Billing



Claim Forms

Claim submission

- Clinic or office based services should be billed on the CMS-1500 or as a Professional Claim
- Facility or Residential Services should be billed on the UB-04 or as an Institutional Claim
- Paper claim instructions are available at:

<http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>



Electronic Billing

- Providers must enroll with Electronic Data Interchange Support Services (EDISS) through the EDI Connect Program
www.edissweb.com/med/registration/
- PC-ACE Pro32-Free software available through DHS
- PC-Ace Pro32 Help Documents available at:
<http://dhs.iowa.gov/ime/providers/forms#PAPHD>



Billing for December/January

Billing for admission and per episode

- Bill Magellan for service dates or admissions on or before December 31, 2015
- Bill the IME for service dates or admissions on or after January 1, 2016
- All providers should bill their usual and customary fee
- The IME has established rates for each service

<http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>



Behavioral & Substance Abuse Claims

Degree Level Modifiers

- AF – Specialty Physician
- HO – Master's Degree Level
- HP – Doctoral Level
- SA – Advanced Registered Nurse Practitioner (ARNP)
- TD – Registered Nurse (RN)
- TF – Intermediate Level of Care/RN
- TG – Complex/High Tech Level of Care
- U1 – Medicaid Care Level 1, as defined by each state
- U2 – Medicaid Care Level 2, as defined by each state
- U3 – Medicaid Care Level 3, as defined by each state



Common Submission Errors

- Missing modifiers
 - Refer to IL 1586
- Same procedure code, different modifier, same date of service
 - Claim lines must be billed on the same claim form
- Taxonomy Code/multiple lines of business
 - The IME requires the Taxonomy code submitted on the application
- Missing rendering provider NPI
 - Impacts providers enrolled as a group



Electronic Medicare Part B Crossovers

- Medicare Crossovers may be submitted electronically when Coordination of Benefits (COB) does not process automatically
- Only claims that have already been paid by Medicare may be submitted electronically.
- See IL 1161 for additional information



Medicare Crossover Template

Updated versions of the IME Medicare Crossover Invoices and instructions were made available to providers on October 1, 2015

- Medicare/HMO EOB must be attached

Forms and instructions are located on the IME website:

<http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>



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Integrated Health Home



Integrated Health Home

- All IHH providers have been “deemed” enrolled with the IME for the 60 day transition period
- Currently enrolled members may continue to see their providers
- Continue to use IMPA for member enrollment



Integrated Health Home

- Patient Management PMPM (per member, per month) payment
 - Tiered payments increase (level 5 to 8)
 - Providers submit monthly Per Member Per Month (PMPM) claim
- Refer to Informational Letter 1584



Integrated Health Home

Payment from the IME requires claim submission

99490	IHH program billing	
Tier	PMPM Rate	Modifiers
5 (Adult)	\$80.39	TF
6 (Child)	\$103.39	TG
7 (Adult ICM)	\$280.39	U1
8 (Child ICM)	\$303.39	U2



IHH Resources

- Informational Letter 1584 (Tips & Tools)
- Informational Letter 1593 (Provider & Member Enrollment)
- Informational Letter 1597 (Behavioral Health & Substance Abuse)
- More Informational Letters forthcoming



Rates and Fees

- All services previously covered by Magellan are covered by the IME through fee-for-service
 - Includes services identified as 1915(b)(3) services
- Habilitation will pay at the IME fee schedule
- Behavioral Health Intervention Services (BHIS) will pay the established provider specific rate
- Rates and fees available at:
<http://dhs.iowa.gov/ime/providers/csrp/fee-schedule>



Iowa Department of Human Services

Iowa Medicaid Policies & Forms



Prior Authorization

- Services requiring prior authorization
 - Inpatient psychiatric admission (exceeding 48 hours)
 - Psychiatric Medical Institutions for Children (PMIC)
 - Habilitation Services
 - **No other services require a PA**
- Authorization does not override
 - Eligibility
 - Primary Insurance
 - Claim Form Completion



Prior Authorization

- Authorization for an Inpatient Psychiatric Hospitalization admission-contact the IME Medical Services Unit
 - Phone: 1-877-563-6972
 - Email: DHSCoreStandardizedAssessments@dhs.state.ia.us
- Authorization for admission must be obtained within 48 hours of the admission



PMIC Prior Authorization

- Requires level of care authorization by contacting the IME Medical Services Unit
 - Phone: 888-424-2070 or 256-4624
 - Email: PMIC2@dhs.state.ia.us
 - Fax: 515-725-0931
- Certification of the need for care must meet Iowa Administrative Code (IAC) 85.22(3) standards
 - Use Form 470-2780, The Certification of Need for Inpatient Psychiatric Services



Habilitation Prior Authorization

- Habilitation services will be prior authorized through the service plan development process
 - Not required to be submitted to the IME
- The Integrated Health Home Care Coordinator must have a service plan in place detailing the services to be received in accordance with 441 IAC 78.27(4)
- Requires a Notice of Authorization (NOA)
- Document all services as required per 441 IAC 79.3



Incident Reporting

- IHH and Case Managers will be required to submit all major (Critical) Incident reports
- Use Form 470-4698, Iowa Medicaid Critical Incident Report
 - Submit via email to HCBSIR@dhs.state.ia.us or by Fax to 515-725-3536
- Any other reports previously submitted to Magellan should be completed and retained in the member's records
- Refer to Informational Letter 1601



Timely Filing Guidelines

- Claims must be filed within 365 days of the date of service (DOS)
- A claim that is timely adjudicated (paid, denied, or suspended), will have an additional 365 days from the adjudication date to resubmit, not to exceed 2 years from the DOS
- Last Clarified in Informational Letter 772



Timely Filing (continued)

- Claim Adjustments:
 - Requests for claim adjustments must be made within 365 days of the payment date
 - Claim credits are not subject to a time limit

*Discussion of adjustment/recoupment forms will follow



Exceptions to Timely Filing

- Retroactive eligibility
 - Needs to be billed with the Notice of Decision (NOD)
 - Submit claims within 365 days of the date on the NOD
- Third-party related delays
 - Need to include reason for delay
 - Within 365 days of TPL payment
 - Must include explanation of benefits (EOB)



Electronic Adjustments/Recoupments

- The IME accepts adjustments and recoupments via HIPAA 837 Transaction
- Adjustments
 - Enter REF01 value “F8” in the 2300 REF segment with the Payer Claim Internal Control Number,
 - Frequency code of “7” must be entered in the 2300 Loop CLM Segment.
- Recoupments
 - Enter the REF01 value “F8” in the 2300 REF segment with the Payer Claim Internal Control Number
 - Frequency code of “8” must be entered in the 2300 Loop CLM Segment



Adjustments

Adjustment Form is located on the IME provider website (form 470-0040)

- Used to request changes or corrections to claims already paid by Iowa Medicaid
- Adjustment requests **must have** a corrected claim or Remittance Advice (RA) with changes attached
- Corrected claims should include all charges that need processing (Not just the line that needs the correction)
- Changes made on the RA must be clear



Adjustment Request

Return Requests to:
Iowa Medicaid Enterprise
PO Box 36450
Des Moines, IA 50315

Download this form @ <http://www.ime.state.ia.us/Providers/Foms.htm#DF>

SECTION A: Reason for adjustment; please select at least one reason.

- A corrected claim and/or remittance advice (with changes, when applicable) must be attached with each request.
- Denied claims should be resubmitted
- Do not use red ink

Please select changes or corrections to be made:

- ☐ Primary Insurance ☐ Dates of Service ☐ Medical Review Needed
- ☐ Patient Liability ☐ Diagnosis Code(s)
- ☐ Medicare Adjustment (EOMB from Medicare must be attached)
- ☐ Units Line Number(s)
- ☐ Billed Amount Line Number(s)
- ☐ Procedure Code(s) Line Number(s)
- ☐ Modifier(s) Line Number(s)
- ☐ Adding New Claim Detail Line Number(s)

Please Specify the Reason for the Adjustment Request:

SECTION B: This section must be completed to process the request.

- 17-Digit TCN:
- NPI Number: Taxonomy: Zip:
- State ID: Patient Acct #:

Signature:

Date:



Recoupments

- Recoupment form is located on the IME provider website (form 470-4987)
 - Recoupment request form is used to request that Medicaid take back the full claim payment
 - Recoupment request **must have** a Remittance Advice (RA) attached
- Informational Letter No. 1111



Recoupment Request

Return Requests to:
Iowa Medicaid Enterprise
PO Box 36450
Des Moines, IA 50315

Download this form @ <http://www.ime.state.ia.us/Providers/Foms.htm#DF>

SECTION A: Reason recoupment; please select at least one reason.

☐ Iowa Care ☐ Billed in Error ☐ Other** (please specify below)

- Recoupment requests will result in a retraction of an entire claim payment. A remittance advice must be attached for processing.
- DO NOT use this form for primary insurance payment adjustments.

**Please specify the reason for the recoupment request:

SECTION B: This section must be completed to process the request.

- 17-Digit TCN:
- NPI Number: Taxonomy: Zip:
- State ID: Patient Acct #:

Signature:

Date:



Provider Inquiry

Form is located on the IME provider website
(Form 470-3744)

When to use:

- To initiate an investigation into a claim denial
- To request Medical Services review

When not to use:

- To add documentation to a claim
- To update/change/correct a paid claim



IME Resources & Communication



Program Integrity

To report instances of possible fraud or abuse,
contact one of the following telephone numbers

Medicaid Fraud Control Unit (MFCU)

800-831-1394

Medicaid Program Integrity

877-446-3787 or

515-256-4615 (Des Moines area)



Address & Phone Numbers

Claims address:

IME

PO Box 150001

Des Moines, IA 50315

IME Provider Services:

800-338-7909

515-256-4609

(Des Moines area)

Correspondence address:

IME

PO Box 36450

Des Moines, IA 50315

ELVS:

800-338-7752

515-323-9639

(Des Moines area)



IME Website

IME Website- <http://dhs.iowa.gov/ime>

- Download Forms
- Access Provider Manuals
- Access Historical Informational Letters
- Links to the Web Portal (claims submission and eligibility information)
- Provider training documents and webinars



EDISS Web Portal

- Available 24/7
- Check member eligibility
- Check claim status
- Submit batch claims
- Enroll with EDISS through EDISS Connect

www.edissweb.com/med/



Iowa Medicaid Portal Access (IMPA)

- View weekly remittance advice online 24/7
 - History going back 18 months
- Incident Reporting
 - Required of HCBS waiver and *forthcoming* for habilitation providers
- Health Home member participation
- Informational Letter sign-up

<https://secureapp.dhs.state.ia.us/imp/>



Provider Services Outreach Staff

Outreach Staff provides the following services:

- On-site training
- Escalated claims issues
- Email imeproviderservices@dhs.state.ia.us